

FRIO COUNTY, TEXAS TRAVEL EXPENSE FORM

Name: _____

Department: _____

Purpose of Travel: _____

Destination: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Starting address: _____

Destination address: _____

Lodging: - Attach Hotel Reservation with confirmation number.

Hotel Name: _____

Hotel Confirmation #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Total Costs of Lodging: \$ _____

Meal Per Diem:

Date:	Rate:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Costs of Meals: \$ _____

Travel and Transportation:

Airline, Bus, Train (Attach Travel Ticket(s)): \$ _____

Personal Auto: Total Miles: _____ @ 0.56 \$ _____

Other travel and transportation expense: (parking, shuttle, taxi, etc...attach rece \$ _____

Total Transportation: \$ _____

Other Expenses:

Conference Registration Fees: \$ _____
(Attach Copy of Agenda, Program or Receipt)

Miscellaneous Expenses: \$ _____
---(Books, Materials) Attach Receipt

Total Other Expenses: \$ _____

Total Amount of All Expenses: \$ _____

I declare that the estimated expenses requested are true and correct to the best of my knowledge and are expenses incurred by me while traveling out of town on official Frio County business. I will clear this advance with the Frio County Auditor within two (2) business days of my return. This will include refunding any excess funds along with all itemized receipts showing actual costs and documents. In the event I fail to attend this seminar or fail to deliver to the County Auditor supporting documents for the advance, I will be responsible for reimbursing the County for the total amount I requested in advance. If I fail to refund the County within the two (2) business days, I hereby authorize Frio County to deduct the advance requested from my salary at the next available payday. If there are refund provisions for the same travel, as soon as any and all money is received, it will be delivered to the County Auditor. I have attached all required documents

Signature of Department Head

Signature of Employee

Date